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23364 7590 07/09/2004

BACON & THOMAS, PLLC
 625 SLATERS LANE
 FOURTH FLOOR
 ALEXANDRIA, VA 22314

Attn: Justin J. Cassell



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,115	06/10/2002	Anders Eklund	EKLU3001/JEK	3330

TITLE OF INVENTION: METHOD AND DEVICE FOR DETERMINING THE INTRAOCULAR PRESSURE, BY MEASURING THE CHANGING OF THE FREQUENCY CHARACTERISTICS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$665

\$0

\$665

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WINAKUR, ERIC FRANK

3736

600-398000

08/30/2004 EABUBAK2 0008001200069115
 01 FC:2501
 02 FC:8001
 665.00 OP
 12.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bacon & Thomas, PLLC

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bioresonator AB

Umea, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies Four (4)

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0200 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature) _____ (Date)

Justin J. Cassell, Reg. No. 46,265 August 27, 2004

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **ANDERS EKLUND ET AL.**

SERIAL NO.: 10/069,115

GROUP ART UNIT: 3736

FILED: June 10, 2002

EXAMINER: Eric Frank Winakur

FOR: Method And Device For Determining The Intraocular Pressure, By Measuring The Changing Of The Frequency Characteristics

ATTY. REFERENCE: EKL03001/JEK/JJC

COMMISSIONER FOR PATENTS
P.O. BOX 1450
Alexandria, VA 22313-1450

Sir:

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

- | | |
|--|--|
| <input type="checkbox"/> Declaration | <input checked="" type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Priority Document | <input checked="" type="checkbox"/> Check in the Amount of \$677 (\$665-issue fee; \$12 advance order of four (4) copies) |
| <input type="checkbox"/> Formal Drawings | <input type="checkbox"/> Assignment, including cover sheet and fee of \$ |
| <input type="checkbox"/> Small Entity Declaration(s) | |

☒ Please debit or credit **Deposit Account Number 02-0200** for any deficiency or surplus in connection with this communication.

Customer 23364

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Respectfully submitted,

Justin J. Cassell
Attorney for Applicant
Registration Number: 46,205

DATE: August 27, 2004